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PTO/SB/21 (02-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/767,604	
	Filing Date	January 22, 2001	
	First Named Inventor	Brennan J. McTernan	
	Art Unit	2141	
	Examiner Name	Stephan F. Willett	
Total Number of Pages in This Submission	2	Attorney Docket Number	4700/7

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Seth H. Ostrow, Reg. No. 37,410
Signature	
Date	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
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PTO/SB/83 (09-04)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/767,604
Filing Date	January 22, 2001
First Named Inventor	McTernan
Art Unit	2141
Examiner Name	Stephan F. Willett
Attorney Docket Number	4700/7

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The attorneys of record are unable to contact the Applicants (real party in interest, Sorceron, Inc.) after undertaking diligent efforts. All correspondence to the Applicant's last known address has been returned by the United States Postal Service as undeliverable and unable to forward. The Applicants have also failed to return all phone messages left at the last known telephone number.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jonathan Prince				
Address	Sorceron, Inc. 75 Ninth Avenue Suite 6 East				
City	New York	State	NY	Zip	10011
Country	USA				
Telephone				Fax	
Signature					
Name	Seth H. Ostrow			Registration No.	37,410
Date	April 6, 2005			Telephone No.	212-895-2000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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